

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**CONSENT FORM**

I hereby authorize **The Georgia Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Address, City, State, County, Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice applicant's Privacy Rights and the Privacy Act Statement (title 28 United States Code § 534).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date

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Special employment provisions (check if applicable):

☐ Employment with mentally disabled (Purpose code "M")

☐ Employment with elder care (Purpose code "N")

☐ Employment with children (Purpose code "W")

**Select one of the following (required):**

☐ This authorization is valid for  90 days /  180 days /  days from date of signature.

☐ I, \_\_\_\_\_, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

**Georgia State Board of Examiners for Certification of Water and  
Wastewater Treatment Plant Operators and Laboratory Analysts**

237 Coliseum Dr., Macon, Ga 31217  
404-424-9966 - [www.sos.ga.gov/plb/water](http://www.sos.ga.gov/plb/water)

**ONLINE SUPPLEMENTAL DOCUMENTATION**

APPLICANT NAME (Print): \_\_\_\_\_ Certificate applying for: \_\_\_\_\_

☐

**Please check this box if you are a military spouse or a transitioning service member of the United States armed forces, including the National Guard.**

Attach the Following Documents to this form:

- A copy of Affidavit of Citizenship along with a copy of the Secure & Verifiable Document (see attachment).
- A copy of the exam score notification.
- A copy of the training certificate(s).
- A copy of your high school diploma, GED certificate, college diploma, or transcript.

**List Your Experience to Qualify for Certification**

Experience Dates:	From ____/____/____ Month, Day, Year	To ____/____/____ Month, Day, Year
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**Job Description:**

Provide a specific detailed description of the duties you perform as an OPERATOR / ANALYST (*what type of duties you perform at work*) as related to the class / category of the certificate for which you are applying. You must be able to show that you PERFORM the OPERATOR / ANALYST DUTIES REQUIRED to hold a certificate in this class / category.

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Name of Employer / Company: \_\_\_\_\_

Professional Reference (must be a licensed operator or official who will certify your required experience – preferably your current employer):

Reference Name and Address: \_\_\_\_\_

*The above information is verified by me to assist the Board in safeguarding the public against licensing operators / analysts without the required work experience. I swear that the above statement and experience dates are true to the best of my knowledge under penalty of law. (This section may be duplicated to provide additional references.)*

State of Georgia, County of \_\_\_\_\_

\_\_\_\_\_  
Print name of Reference

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

NOTARY SEAL (legible seal required; If using embossed seal, apply shading to make seal legible when digitized.)

**Georgia State Board of Examiners for Certification of Water and  
Wastewater Treatment Plant Operators and Laboratory Analysts**

**Application for Certificate**

**Background Questionnaire**

**The following questions must be answered by the applicant. If “yes” is answered to any question, documentation/explanation must be provided, including certified documentation such as court dispositions, board disciplinary action reports, etc.**

Yes	No	Have you completed a minimum of high school education or a GED equivalency certification? <b>If “Yes”, provide copy of high school diploma, GED certificate, college diploma, or transcript.</b>
Yes	No	Has any license issued to you by any board, agency, or licensing authority in any state, including Georgia, been revoked, suspended, sanctioned, or modified? <b>If yes, attach documents.</b>
Yes	No	Have you ever been denied issuance of, or pursuant to any disciplinary proceedings, been refused renewal of a license by any board, agency, or licensing authority in any state, including Georgia?
Yes	No	Have you ever been arrested, convicted, or sentenced for any felony, misdemeanor, DUI/DWI, or any crime involving moral turpitude? <b>If yes, attach certified copy of the court disposition, a notarized statement on agency letterhead from the probation officer giving current status of probation, and a personal letter of explanation.</b>
Yes	No	Have you ever entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? <b>If yes, attach certified copy of the court disposition, a notarized statement on agency letterhead from the probation officer giving current status of probation, and a personal letter of explanation.</b>
Yes	No	Have you successfully completed the appropriate exam for the certificate for which this application is being made? <b>Attach a copy of the exam score notification.</b>
Yes	No	Have you completed the required training course(s) prior to taking the exam for the certification for which this application is being made? <b>Attach a copy of the training certification(s) of completion.</b>

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts. (O.C.G.A. § 43-1-19 and O.C.G.A. § 16-10-71.)

State of Georgia, County of \_\_\_\_\_

\_\_\_\_\_  
Print name of Applicant

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

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**Georgia State Board of Examiners for Certification of Water and  
Wastewater Treatment Plant Operators and Laboratory Analysts**

**Online Supplemental Documentation**

**AFFIDAVIT**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts, and I agree to abide by these laws and rules, as amended from time to time.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, the Board may suspend my registration without a prior hearing. I shall be entitled to a hearing after the suspension of my registration.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (mark either 1 or 2 below as it applies to your status):

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. You must submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other approved document.

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <http://sos/ga/gov/admin/files/svd2013.pdf>

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-2, with this Affidavit.

State of Georgia, County of \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
Signature of Applicant

NOTARY SEAL (legible seal required; If using embossed seal, apply shading to make seal legible when digitized.)